LOS ANGELES UNIFIED SCHOOL DISTRICT
CHARTER **S**CHOOLS **D**IVISION
333 South Beaudry Avenue, 20th Floor, Los Angeles, CA 90017
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VIVIAN EKCHIAN
Interim Superintendent of Schools

Dr. FRANCES GIPSON
Chief Academic Officer
Division of Instruction

JOSÉ COLE-GUTIÉRREZ
Director, Charter Schools Division

VERIFICATION OF RECEIPT OF STUDENT RECORDS FOR CLOSING CHARTER SCHOOL

Date of Delivery: _____

Name of person and office to whom records were personally delivered (recipient):

Full Address of Office receiving student records:

Name of closing charter school:

Full address of closing charter school:

Name of designated charter school staff member,

affirms that:

[Name of recipient]

Received _____ Student records. Staff member also affirms that all parents/guardians
[Number]
have received copies of their student's cum.

☐ I have received student records for all students identified on the attached master list.
The records were delivered by:

_____ _____
Signature of Recipient Date/Time

Recipient's Telephone: _____

Recipient's E-mail Address: _____

_____ _____
Signature of Charter School Staff Member Date/Time